



YOUTH COMMUNITY CORRECTIONS BUREAU STANDARD OPERATING PROCEDURES

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Applicable ACA Standards:	Revision Date:
Signature: /s/ Karen Duncan	Effective Date: 01-11-11
Signature: /s/ Mike Ferriter for YSD Administrator	

I. BUREAU DIRECTIVE:

All parole youth of Youth Community Corrections (YCC) are to be enrolled in Montana Medicaid when they are released from Pine Hills Youth Correctional Facility (PHYCF) and Riverside Youth Correctional Facility (RYCF) and are placed at Great Falls Youth Transition Centers (YTC) or in an out of home placement. Youth who reside at home will be encouraged to apply for Medicaid benefits with their family unless private insurance coverage exists. Juvenile Parole Officers (JPO) should be aware of the programs offering financial assistance that apply to youth on parole and their basic requirements, benefits, and procedures and to make sure that appropriate coverage occurs. This procedure will be reviewed annually and updated as needed.

II. DEFINITIONS:

Caretaker – a person other than a parent or guardian with whom a youth resides who provides direct care to a youth on parole supervision.

Children's Medicaid – See Healthy Montana Kids (HMK)

Family Medicaid – public health care coverage for some low-income families administered by DPHHS.

Healthy Montana Kids (HMK) –low-cost coverage (previously known as CHIP) for children and teenagers up to age 19 administered by DPHHS.

Healthy Montana Kids Plus (HMK Plus) – free coverage (previously known as children's Medicaid) for children and teenagers up to age 19 administered by DPHHS.

Incurment – The amount of money reducing the youth's monthly income to the Medicaid income limit. (\$525 plus \$50 credit)

Medicaid – public health care coverage for some low-income adults and children administered by DPHHS.

Resources – Real or personal property that has economic value. Resources can include, but are not limited to cash savings, investments, house, land, vehicles, etc.

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Social Security Benefits (SSB) - Benefits for the youth received due to death, disability, blindness or retirement of a parent or guardian. SSB will continue to pay to youth without regard to being ordered into a youth correctional facility.

Social Security Income (SSI) – Social Security Income paid to the youth based on the youth’s disability. This type of benefit is paid only if the youth is not incarcerated.

Supplemental Nutrition Assistance Program (SNAP) – public financial assistance program for food purchases only that is administered by DPHHS (previously known as food stamps).

Temporary Assistance for Needy Families (TANF) – public financial assistance program administered by DPHHS.

Youth care facility - a facility that is licensed by the department or by the appropriate licensing authority in another state and in which facility substitute care is provided to youth. The term includes youth foster homes, kinship foster homes, youth group homes, youth shelter care facilities, child-care agencies, transitional living programs, and youth assessment centers.

III. PROCEDURE:

- A. During the time that youth are residents in a youth correctional facility, they are not eligible for any type of Medicaid benefit. It is beneficial when youth on parole supervision are covered under a private or public health insurance program that will pay for medical needs of the youth. If the parent(s) or guardian(s) of a youth have private insurance coverage, this needs to be documented and a copy of the insurance information kept in the youth’s file.
- B. In the public sector, Department of Public Health and Human Services (DPHHS) administers three main programs.
 - 1. Healthy Montana Kids (HMK): previously known as CHIP and Healthy Montana Kids Plus (HMK Plus): previously known as children’s Medicaid.
 - 2. Temporary Assistance for Needy Families (TANF)
 - 3. Supplemental Nutrition Assistance Program (SNAP)
- C. When the youth resides in a placement other than home or kinship care, the JPOs will primarily be involved in ensuring coverage for HMK. When the youth is placed at home or in kinship care, the parent(s), guardian(s), custodian(s), caretaker(s), or their representative(s) are responsible for applying for all programs.

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- D.** All programs listed in B require documentation in citizenship, identity, income, and resources.
1. Documentation regarding the “citizenship” of the youth. For youth on parole status, a birth certificate is sufficient. If the youth is born in Montana, a photocopy of the birth certificate is sufficient. For youth born outside Montana, a certified or original birth certificate is required.
 2. Documentation regarding the “identity” of the youth. Either a print-out of the basic information sheet from the Youth Management System (YMS) or a copy of the youth’s school identification card from the youth correctional facility is sufficient for this requirement. Photo ID is required for youth age 16 or older.
 3. Documentation regarding “resources” such as savings accounts and CAPS trust accounts must be listed on the [Youth Financial Status Report \[YCC 60-25 \(C\)\]](#).
 - a. If the youth has more than \$2,000 in resources, he/she is not eligible for Medicaid benefits in most Medicaid programs. The amount above this \$2,000 limit must first be spent down before qualifying Medicaid coverage. Regional Program Administrators (RPA) are responsible for monitoring the status of youth resources, ensuring that this resource limit is not reached, and having the excess spent down as needed.
 4. Documentation of the youths “income”. A [Youth Financial Status Report \[YCC 60-25 \(C\)\]](#) will be completed by the RPA.
 - a. Unearned income received by the youth or on behalf of the youth by the parents or the state of Montana, as representative payees, must be reported to the IV-E unit. This income includes, but is not limited to, cost-of-care contributions from the parents, child support payments, Social Security benefits, and legal settlements.
 - b. If a youth receives monthly income in excess of the Medicaid income limit, a monthly incurment must be met prior to Medicaid benefits becoming available. In the case of income being received by the Department and placed into a CAPS trust account, the ongoing monthly processing of this incurment can be handled by DPHHS at the RPAs request. The RPA will contact the DPHHS trust account unit and IV-E Unit in these situations.
 5. Documentation regarding private health insurance (including dental, eye coverage, etc).
- E.** The five most common types of Medicaid that youth on parole will be involved in are as follows:

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1. Foster Care Medicaid
2. Family Medicaid
3. Medicaid while placed with caretaker
4. Psychiatric Residential Treatment Facility (PRTF) Medicaid
5. Supplemental Security Income (SSI) Medicaid

F. Foster Care Medicaid

1. Whenever a youth on parole is placed in a youth care facility that involves a daily rate payment for the youth on the CAPS system, the youth is categorically eligible for Medicaid benefits.
2. Youth that are placed at the Great Falls Youth Transition Center (YTC) program are also categorically eligible for Medicaid benefits due to their group home license. However, placements into this program do not generate a daily rate payment on CAPS due to this being a Department program. The financial & program services supervisor is responsible for informing DPHHS IV-E unit regarding the extrapolated daily rate for the YTC program.
 - a. JPOs must enter youth placements on the automated systems prior to applying for Medicaid. (CAPS is the primary information that DPHHS uses to authorize Medicaid benefits and Medicaid will not be opened until the placement is opened on CAPS.)
 - b. The JPO will complete and submit the [Foster Care Medicaid Request form \[YCC 60-25 \(A\)\]](#) to the DPHHS IV-E Unit, Child & Family Services, P.O. Box 8005, Helena, MT 59620.
3. All income and resource changes must be reported in writing or through e-mail to the DPHHS IV-E unit within ten days of the change throughout the time a youth is in a youth care facility.
4. JPOs must report all placement changes and placement terminations from youth care facilities to the DPHHS IV-E unit within ten days of the change. JPOs will submit a [Letter of Status Change/Termination \[YCC 60-25 \(B\)\]](#).
5. Yearly foster care Medicaid redeterminations are handled internally within the DPHHS IV-E unit and do not require any specific action on the part of the JPO.

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6. Service providers must be authorized by Montana Medicaid to bill for services they provide.
7. Ordinary and emergency medical and dental care for eligible youth are paid by Montana Medicaid. Daily rate expenses of therapeutic youth care facilities are not covered without special authorization. Refer to [YCC 60-17, Referral for Out-of-Home Placement](#).

G. Family Medicaid

1. The JPO should first consult with the family regarding their financial status and ability to provide for the needs of the youth during the field investigation process (Refer to [YCC 60-2, Field Investigation Request](#)). The JPO should also confirm the parent/guardian's plan to include the youth on their public assistance benefits or private insurance coverage, whenever possible. If the parent/guardian has private insurance coverage, a copy of the insurance provider's identification card should be obtained for the youth's file. It is possible that the youth would qualify for Medicaid benefits even when there is private insurance coverage and Medicaid can sometimes help pay the cost of the health insurance premium.
2. Whenever a youth resides with a natural parent, adoptive parent, or guardian, the financial resources and income of the entire family unit will be considered when applying for public assistance benefits. Oftentimes, the parent/guardian will already be receiving public assistance benefits that are not related to the youth. When a youth enters this home to live, the youth can then be considered as another household member. This may increase the amount of benefits that the family receives. The youth will normally qualify for HMK benefits if other youth in the home currently qualify.
3. In the case where the youth is placed at home with a parent who does not have public assistance benefits, the parent can apply for HMK benefits by submitting an [DPHHS-HMK-001](#) form or for TANF, SNAP, and HMK benefits by submitting a [DPHHS-HCS-250](#) form at the local DPHHS office. Applicants should check work experience requirements when applying for TANF and SNAP benefits.
4. The JPO may have a release of information signed by the youth's parent/guardian so that they can communicate directly with the DPHHS eligibility technician assigned to the case.

H. Medicaid while placed with caretaker

1. Whenever a youth is being placed with a caretaker other than parent/guardian, the youth may qualify for HMK. In this case, the income and resources of the youth

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only are taken into consideration. The youth and caretaker will submit information only on the youth when applying for HMK.

2. The JPO may help the youth and caretaker complete and then submit the [DPHHS-HMK-001 \(Healthy Montana Kids Plan Application\)](#) form and documentation to the county DPHHS office where the youth is residing. It is also helpful to submit the application about one week prior to the youth's release from a youth correctional facility.
3. The JPO may have a release of information signed by the youth's parent/guardian so that they can communicate directly with the DPHHS eligibility technician assigned to the case.
4. Relatives that are providing care for a youth do have the option of applying for caretaker relative assistance in addition to Medicaid benefits for the youth; this benefit provides a direct financial benefit for the relative providing care. In this situation, additional documentation is required. This documentation includes the birth certificates necessary to prove identity of both the youth and the relative and the birth certificates necessary to prove the relationship between the two.
5. Youth on parole supervision who are on independent living status can qualify for HMK.

I. Psychiatric Residential Treatment Facility (PRTF) Medicaid

1. Most PRTF placements are 100% paid by Montana Medicaid when the proper utilization review and approval has occurred. There is a specific authorization procedure that must be followed to insure this occurs (refer to [YCC 60-17, Referral for Out-of-Home Placement](#)). The procedure involved in this is to insure that these specific inpatient psychiatric services are medically necessary. This authorization procedure is totally separate and different from actually applying for Medicaid coverage for the youth. Therefore, both procedures must be followed. This section only deals with the application process for Medicaid coverage.
2. PRTF placement authorization must be made before applying for Medicaid benefits. If the PRTF placement has been authorized, then proceed as follows in this section. If the PRTF placement has been denied, there is an appeal process. The YCC bureau chief must be consulted in the case of a PRTF placement denial. The YCC bureau chief must approve a daily rate payment for the facility's cost of care prior to placement. If the Department is paying any amount toward the daily cost of care at the PRTF, then a foster care Medicaid application should be completed (refer to section A above) instead of the procedure in this section.

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3. Authorization for PRTF placements cannot be denied based upon the lack of current Medicaid coverage, which is usually the case when a youth is being placed directly out of a youth correctional facility. When the proper procedure is followed the youth becomes eligible for Medicaid coverage when the youth is actually placed in the PRTF. If a youth is currently covered on Medicaid due to placement in another type of youth care facility, the procedure in this section must be followed because Medicaid coverage becomes available under a different Medicaid program at the time of placement into a PRTF.
 4. In the case of a PRTF placement wherein Medicaid pays the entire cost of care at the facility, a [DPHHS-HMK-001 \(Healthy Montana Kids Plan Application\)](#) needs to be completed and submitted to the local DPHHS office as soon as a youth is authorized for PRTF services. The JPO should complete this application. The income and resources of the youth only are taken into consideration. The JPO will submit information only on the youth when applying for Medicaid benefits for youth in PRTF care. A specific notation needs to be made regarding where the youth resided prior to placement in a PRTF.
 5. When a youth is residing with a parent or guardian prior to placement in a PRTF the parent or guardian is responsible for submitting [DPHHS-HMK-001](#) form. The family unit's income and resources will be considered for eligibility.
 6. When the youth is de-certified in the PRTF the JPO needs to notify the local DPHHS office and the IV-E unit if the decision is to continue the youth in out of home placement.
- J. Supplemental Security Income (SSI) Medicaid (RPAs refer to [YCC 200-4, Social Security Benefits](#))**
1. For youth who receive SSI from the Social Security Administration (SSA) prior to placement in a youth correctional facility, SSI benefits are temporarily suspended effective on the date of the youth's placement. If the youth remains in the youth correctional facility for one year or longer, SSI benefits are terminated. The RPA is responsible for notifying the SSA whenever there is a status change for youth receiving SSI benefits.
 2. Youth who receive SSI are categorically eligible for Montana Medicaid benefits during the time they actually receive the benefit. There is no paperwork to complete and income level does not have to be substantiated. The RPA is responsible for notifying the local DPHHS office whenever there is a change of placement or status.

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3. When a youth who receives SSI benefits is placed into a PRTF, the amount of the financial benefit is reduced to \$30 per month. There is no change in the Medicaid program in this circumstance. The RPA is responsible for notifying the SSA whenever there is a status change for youth receiving SSI benefits.
4. A state supplemental payment may occur when a youth is receiving SSI benefits. The RPA is responsible for completing the paperwork for this.

IV. CLOSING:

Questions concerning this procedure should be directed to the youth community corrections bureau chief.

V. REFERENCE:

[*ARM 37.87.903 Medicaid Mental Health Services For Youth, Authorization Requirements*](#)
[*ARM 37.87.1216 Psychiatric Residential Treatment Facility Services, Certification of Need for Services, Utilization Review and Inspections of Care*](#)
[*52-2-602, MCA Children's Services – Youth Residential Services – Definitions*](#)

VI. ATTACHMENTS:

YCC 60-25 (A) [Foster Care Medicaid Request](#)
YCC 60-25 (B) [Letter of Status Change/Termination](#)
YCC 60-25 (C) [Youth Financial Status Report](#)
YCC 60-25 (D) [Proof of Citizenship or Identity Acceptable Documentation](#)
[DPHHS-HMK-001](#)
[DPHHS-HCS-250](#)